PTO/SB/21 (09-04) Approved for use through 07/31/2006, OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Par	perwork Reduction Act of 1995	5. no person	s are required to respond to a co			displays a valid OMB control number.					
			Application Number	10/50	1,179)					
TRANSMITTAL			Filing Date	July 9	July 9, 2004						
FORM			First Named Inventor	Scott	Scott William Middleton						
			Art Unit	3727	3727						
			Examiner Name	Brade	Braden, Shawn M.						
(to be used for all correspondence after initial filing) Total Number of Penes in This Submission 10					R029 1505/US/4						
Total Number of	Pages in This Submission		R029	1505/05/4							
ENCLOSURES (Check all that apply)											
Amendmm Ai Ai Extension Express A Informatic Certified (Document Reply to Incomplet	ter Final fidavits/declaration(s) of Time Request Abandonment Request on Disclosure Statement		Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Altomey, Revocation Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on Cirks	Address	Appe of Ap Appe (Appe Propr	Allowance Communication to TC al Communication to Board peals and Interferences at Communication to TC at Repty Bref) ietary Information s Letter Enclosure(s) (please Identify);					
	SIGNA	TURE C	OF APPLICANT, ATTO	RNEY, C	OR AGENT						
Firm Name	Womble Carlyle	Sandri	dge & Rice, PLLC								
Signature	audien N.	Clark	ant								
Printed name	Andrew N. Claer	bout									
Date	9/28/06			Reg. No.	50,202						
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Signature	Pan V	und.	rush								
Typed or printed in	name Pam Turnbough				Date	9-28-00					

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a breaft by the sydio-which is to fire unity the BURDTO to process) an application. Certificentially is governed by 35 LBC. The art 37 LBC FTR 1 learn 11.4. The collection is estimated to 2 lower is comprehen, including a comparability of the system of the collection is estimated to 2 lower is comprehen, including a major of the collection is estimated to 2 lower is comprehen, including a major of the regular to complete this form anotific suppleasants for reducing this burden, should be sent to the Cheff information Cfficer, U.S. Patent and Trademark Cfficer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1460, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Dox 1450, Alexandria, VA 22313-1460, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Dox 1450, Alexandria, VA 22313-1460, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Dox 1450, Alexandria, VA 22313-1460, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Dox 1450, Alexandria, VA 22313-1460, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Dox 1450, Alexandria, VA 22313-1460, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Dox 1450, Alexandria, VA 22313-1460, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Dox 1450, Alexandria, VA 22313-1460, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Dox 1450, Alexandria, VA 22313-1460, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Dox 1450, Alexandria, VA 22313-1460, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Dox 1450, Alexandria, VA 22313-1460, DO

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PTO/SB/17 (01-06)
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Under the Paperwork Reducti	on Act of 1995	no persons are required	to respon	nd to a collection			ays a valid OMB control number					
		Complete if Known										
FEE TRANSMITTAL				Application Number 10		10/501,179						
	- Fil	Filing Date Ju		July 9, 2004								
For	Fi	First Named Inventor		Scot William Middleton								
	E	Examiner Name B		Braden, Shawn M.								
Applicant claims small	Ar	t Unit		727								
TOTAL AMOUNT OF PAY	At	tomey Docket	No.	R029 1505/US/)29 1505/US/4							
METHOD OF PAYMENT (check all that apply)												
Check Credit Card Money Order None Other (please identify):												
Deposit Account	eposit Accoun	Number: 09-0528		Deposit Ac	count N	me: Womble Carly	yle Sandridge & Rice, PLLC					
			hereby									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee												
☐ Charge any additional fee(s) or underpayments of fee(s) ☐ Credit any overpayments												
warning: Information on this form may become public. Credit card Information should not be Included on this form. Provide credit card												
information and authorization												
FEE CALCULATION (A				or may be	subje	t to a surcharg	e.)					
1. BASIC FILING, SEAF	RCH, AND I FILING I		ES FARCH	FFFE	EVA	MINATION FEES						
	s	mall Entity	<u>s</u>	mall Entity		Small Entity						
Application Type	Fee (\$)		e (\$)	Fee (\$)	Fee		Fees Paid (\$)					
Utility	300		00	250	20							
Design	200	100 1	00	50	13							
Plant	200		00	150	16							
Reissue	300	150 5	00	250	60	300						
Provisional	200	100	0	0		0						
2. EXCESS CLAIM FEI	ES					Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 (50	25					
Each independent cla		including Reissues))			200	100					
Multiple dependent claims 360 180 Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims												
Total Claims							Fee Paid (\$)					
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Indep. Claims	Extra Clain	ns Fee (\$)	Fee Pa									
4 - 3 or HP = HP = highest number of inde	nendent claims	x200.00 _ = .	00									
3 APPLICATION SIZE	FEF											
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50												
						r small entity) fo	or each additional 50					
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)												
100 = / 50 = (round up to a whole number) x =												
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)												
Other (e.g., late filing surcharge):												

 SUBMITTED BY

 Signature
 Lucus / Clubrat
 Registration No. (State State Signature (Astomog/Agent) 50,202
 Telephone 404-879-2453

 Name (Print/Type)
 Andrew N. Claerbout
 Date 9/2-9/ac

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